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FACSIMILE TRANSMISSION COVER SHEET

Date: March 24, 2004

To: Examiner Marcos D. Pizarro Crespo, Art Unit 2814

Fax: (703) 872-9306

Re: **Application Serial No.: 10/010,280**
Filing Date: 12/5/2001; Inventor(s): Ogle, et al.
Attorney Docket No.: 0180163

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 11

Message:

Enclosed please find the Amendment and Response to the Advisory Action dated March 17, 2004. Payment for the first month extension fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0180163

AMENDMENT COVER SHEETIN RE APPLICATION OF: Ogle, et al.SERIAL NO.: 10/010,280 FILED: December 5, 2001FOR: Pretreatment Of ONO Layer For Flash Memory

Mail Stop AF

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET | 110.00 | 55.00 | \$ 110.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00 | 210.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 950.00 | 475.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00 | 740.00 | \$ |

☒ TOTAL EXTENSION FEE \$ 110.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|---------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 6 | MINUS **22 | * = 0 | x 18 | x 9 | \$ |
| INDEPENDENT | 6 | MINUS ***8 | * = 0 | x 86 | x 43 | \$ |
| First presentation of multiple dependent claim | | | | + 290 | + 145 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 0180163

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 3/24/04By: [Signature]
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date 3/24/04Signature [Signature]Name of Person Performing Facsimile Transmission Lori Lapidario

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date _____

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